Action Plan for Co-Occurring Disorders for Washington State 2005-2007

PRIORITY ONE: FUNDING

Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 Examine State and Federal rules, practices and policies to expedite COD client access to benefits, services and treatment	Action 1.1.1 1. Examine local, state and federal statutes, rules, policies and practices relative to funding mechanisms to identify, support and create efficiencies to serving persons with COD	Rik Godderz	DASA, MHD, DDD, DOC, DOH and local government	1.a Barriers to funding and operating COD programs are reduced/eliminated 2. DOC and other state entities help their clients increase access to CHC/FQHC for medical/psychiatric treatment. 3. Improved communication and coordination with IHS and IPSS including participating in COD plan implementation.	Draft report is submitted that provides overview of the current barriers and strategies to reduce or eliminate them	July 2007
	2. Working with Indian Policy and Support Services (IPSS), do analysis of Tribal capacity to provide COD services.	Ruth Leonard	DSHS – IPSS Colleen Cawston and Tribal Liaisons			
	Action 1.1.2 Identify and engage DSHS/CSO, DDS, SSA and MAA in discussion to improving access to benefits (i.e. housing, medical coverage, vocational)	Tina Shamseldin	DASA. MHD, DDD, DOC, DOH and local government	1. Representative from DSHS/CSO, DDS, SSA and MAA in the COD participate in plan implementation along with related initiatives (THCH)		July 2007

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

PRIORITY ONE: FUNDING						
Strategy(-ies)	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 1.1.3 1. Coordinate with MH Task force subcommittee and other committees on suspend benefits vs. terminate benefits whenever possible for persons residing in institutions. 2. Coordinate with MH Task Force subcommittee to expedite persons onto SSI/SSDI who are being discharged out of institutions. 3. Participate in National HCH SSI Task Force and explore policies such as using substance use as a material factor in the eligibility process.	Tina Shamseldin	DASA, MHD, DDD, DOC, DOH and local government	1. Statewide policies and procedures to expedite persons onto Medicaid for persons who are disabled and homeless or are coming out of an institution that establish benefits upon discharge). 2. Work done to advocate for system changes at National level.		
Strategy 1.2 **Realign funding to include treatment (concurrent) for individuals with COD within new and existing programs and improve access to Medicaid for persons with COD that are eligible.**	Action 1.2.1 1. Identify ways to sustain funding for programs producing effective outcomes 2. Give state and local agencies the ability to strengthen funding structures for the COD population.	Emilio Vela David Weston	DASA, MHD, DOC, DDD, DOH, local government	1. One or two pilot projects will be funded. 2. The number of best practice programs is sustained if not expanded.	Legislation approving projects is adopted. Agencies are applying for federal, private and state funds for COD integration.	July 2007

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

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Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 1.2.3 Support models underway for statewide replication to expedite persons that are chronically homeless (COD) on to SSI/SSDI.	Tina Shamseldin	DASA, MHD, DOC, DDD, DOH, local government.	1. Have pilots to expedite persons onto SSI/SSDI document success. 2. The best practice models (such as Belltown CSO in Seattle) are replicated in 2 or more areas of the state.	Models are replicated. Report to update in progress.	July 2007
	Action 1.2.4 Investigate the use of FQHC to meet interim needs	Tina Shamseldin	DOH	1. Increase knowledge of CHC/FQHC service and funding systems 2. Coordinate with THCH to expand access to these services to better serve persons with COD.	Report to committee on progress.	December 2005
Strategy 1.3 Explore opportunities to obtain supplemental funding	Action 1.3.1 The state entities communicate and collaborate regarding pending private and federal funding opportunities through CODIAC.	Emilio Vela David Weston Ruth Leonard.	DASA, MHD, DOC, DDD and the Washington Institute	1. Acquisition of supplemental funding 2. The MHD and DASA support agencies that have best practice models to obtain new grant dollars.	Report summarizing all grant opportunities explored.	December 2005
Progress to Date		**Barriers and/or Situational Changes**			**Immediate Next Steps (including potential technical assistance needs)**	

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[1] The Manager is the individual responsible for coordinating each action.

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

[2] The Implementer is the individual (or entity) responsible for carrying-out each action.

PRIORITY TWO: 2 **Client Support and Recovery**						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 2.1 Promote housing that meets the needs of persons with COD and document effectiveness of these models. Models include but are not limited to permanent supported housing, Oxford Houses, abstinence based housing, and legal use houses and approaches such as housing first.	Action 2.1.1 Examine existing resources to identify the range of housing available for persons with COD. Identify the gaps in the housing inventory as it pertains to the four quadrant model.. Coordinate closely with efforts to expand permanent supportive housing for persons with COD with the Homeless Policy Academy and the Taking Health Care Home Initiative.	Tina Shamseldin	MHD, DDD, DASA, CTED Counties, RSNs	Identification of housing resources and gaps for persons with COD that includes review of COC applications throughout the state. Mapping of residential resources in relation quadrant model along with geographical locations. Create policy recommendations for gaps for high need population.	Conduct housing inventory survey. Completion of housing map by quadrant model.	July 2007

Draft as of March 29, 2005

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

Strategy 2.2 Promote employment that meets the needs of persons with COD • Employment includes readiness, pre employment • Models include supported employment, transitions to mainstream employment, peer run employment services and recovery college, post-secondary education and training • Integrating service delivery system such as dislocated workers, WIA, DVR and work incentive programs.	Action 2.2.1 Convene employment forum to address special needs employment, providers and funding to include; ESA, DOL, DVR, PIC, WIA, DSHS, SSA	Melodie Pazolt	Employment Security, DVR	Provide mapping of employment resource in relation to employment opportunities for people with co-occurring disorders Create policy recommendations for gaps in services Educate various systems about issues relating to co-occurring disorders	Completion of map Draft Policy recommendations Draft Training Plans	July 2007
	Action 2.2.2 Include employment in the annual COD treatment conference	Ruth Leonard, Tina Shamseldin and Melodie Pazolt	MHD, DASA	Creating a specific employment related "track" in the COD treatment Conference	Staffing the presenter track	September 2005

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

Strategy 2.3 Foster collaboration for peer employment in mainstream COD services, treatment, and supported housing settings	Action 2.3 Gather best practice data on how to integrate peer positions in staff teams and distribute to providers (both clinical and non-clinical positions). Track pending legislation (HB 1005) to create consumer or advocate run MH service delivery system to identify opportunities in COD programs. Coordinate with MHD on Peer Support Certification process that is being facilitated by WIMRT Design system incentives for agencies to hire peer supports	Melodie Pazolt + Staff from our grant – Connie Mom-Ching	DOC, MHD, DVR, DDD, DASA, Counties, RSNs, providers	1. COD providers increase the number of positions filled by peers. Obtaining/Reviewing training materials for the peer program under MHD and how it is addressing services for co-occurring disorders	Create peer assistance manager positions in programs Consider cultural broker positions Adapt as necessary and implement training	
Strategy 2.4 Foster peer support models such as dual recovery, double trouble	Action 2.4 Include peer support in the annual COD treatment conference and hold local forums to recruit persons with COD to be local founders for these groups.	Cleve Thompson Tina Shamseldin Ruth Leonard	DASA, MHD, DOC, DDD.	Inclusion of peer support models in yearly conference. Two local peer support groups created.	Workshops on peer support. Evaluation from conference. Double trouble group meeting.	October 2006.

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

PRIORITY THREE: Integrated Treatment						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 Adopt integrated standard screening and assessment tools and protocols.	Action 3.1.1. Review COSIG grant proposal, TIP and current practices to identify potential for screening and assessment tools. Request technical assistance from COCE in developing universal intake and assessment screening tool.	David Weston Emilio Vela Ruth Leonard	MHD & DASA	Integrated screening and assessment tools utilized in all statewide CD and mental health programs	1. Stakeholder group reviews instruments to recommend those to be considered for standard adoption. 2. Statewide training and adoption of standardized instruments.	2006-2007

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

	Action 3.1.2 Share current DOC and other agency COD activity with stakeholder group and Policy Academy participants.	Patty Noble Beth Dannhardt	DOC State wide providers	Department of Corrections and others will provide copies of all materials, and action plans used in their respective areas.	On-going	Mar 15, 2005 and quarterly thereafter
				Conduct workshops at DASA Treatment Institute and COD conference	Workshops conducted-	COD Conference 09/05 Treatment Institute 06/05
				Include mental health screen as intake for DOC Drug Reentry Court.	Screening in place	09/05

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

PRIORITY THREE: Integrated Treatment

Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	Action 3.1.3 Encourage mainstream providers to utilize integrated treatment plans when appropriate. Request COCE assistance to devise integrated plans.	David Weston Ruth Leonard	DASA, MHD.	Integrated treatment plans utilized across the state when appropriate. Trainings across state for providers.	Sample of integrated treatment plans reviewed and selected. Modify MHD and DASA licensing as necessary. Monitor implementation Provide samples mental health and CD providers can use – TIP?	July 2007

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

Strategy3.2 Identify/develop cross system competency and best practice requirements that will promote evidence, consensus and promising best practices for all populations of COD to include youth and older adults.	Action 3.2.1 Inventory existing programs and resources including staff competencies Action 3.2.2 Gather information from other states and refine to meet specific needs of Washington (Ohio, Pennsylvania, & Texas) Action 3.2.3 Factor review of TIP and COSIG with the key learning's from existing programs and other states reviews Action 3.2.4 Review definitions and practices including core concepts and application to WA. COD program to assure common language between prevention and treatment.	Paul Peterson	DASA MHD DOC Ruth Leonard, Paul Peterson and CODIAC Research Committee Others	Statewide Consensus on core staff competencies and key program components Identify what is needed to support COD work (studies, evaluation, clinical trials, fidelity to model support (this may take longer than 1-2 years consider moving this to a later phase) Increased use of best practices across the state	Report Statewide training instituted on recorded best practices Inventory completed	December 2005
	Action 3.2.5 Determine if COD treatment standards and counselor qualifications should be integrated into DASA and MHD WACs and rules.			Recommendation for Counselor Standards to the DASA and MHD.	Report recommending findings of Ad-hoc workgroup.	July 2006

Draft as of March 29, 2005

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

PRIORITY FOUR: State wide legislation implementation						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 4.1 Systemically implement COD consistent with legislative requirements.	Action 4.1.1 Coordinate with implementation of 6358	David Weston, Emilio Vela Victoria Roberts DOC, MHD, DASA, Counties, RSN's, providers	DOC, MHD, DASA, DDD, RSN's, Counties, Provider agencies	Improved public safety, improved cross system communication, improved cross system response to crisis	Implementation Training Operationalized (when is it and how will we know) Test site-county, written agreements	July 2006 (what does the legislation say) Policies Procedures-Training Implementation Sept. 06
	Action 4.1.2 Address barriers and limitations to accessing clinical records between CD and MH providers	Cleve Thompson	MHD, DASA, RSN, Counties, and Providers	Implementation and operationalizing a process for streamlined access to clinical records between CD and MH providers	Develop template for COD files meeting DASA and MH WAC requirements Releases between agencies with shared clients	September 06
	Action 4.1.3 Identify and resolve barriers to the use of cross agency agreements for COD referrals, assuring smooth seamless client service and treatment What is the purpose of the agreements?	Cleve Thompson	MHD, DASA, RSN, Counties, and Providers	Improved access for COD services Improved referral and assessment process	Policies and procedures for referral and assessment Process to assure seamless client services	Policies and procedures September 06 September 2006-September 2007
	Action 4.1.4 Propose legislation to implement the combined mental and chemical dependency disorder crisis response system as proposed by the cross system crisis response task force.	David Weston Emilio Vela	MHD & DASA	Specific legislation (with funding) proposed to the legislature during the 2005 session,	Barriers identified and resolved	September 2006-September 2007

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

	Action 4.1.5 Provide support to the legislative proposal for two pilot sites, formal evaluation and supporting budget request	David Weston Emilio Vela	MHD, DASA, RSN, Counties, and Providers	Legislation & supporting budget become law	Legislation & supporting budget become law	June 2005
	Action 4.1.6 Combine mental and chemical dependency disorder crisis response pilots implemented and evaluation completed	David Weston Emilio Vela	DSHS (MHD & DASA) Selected RSN's or counties & WSIPP	Persons in crisis with either or co-occurring chemical dependency & mental disorders receive prompt and appropriate evaluation and treatment	Pilot established & providing services Evaluation completed & reports to the legislature	March 1, 2006 December 1, 2007 September 30, 2008
Strategy 4.2 Improve information quality to support multi system analysis	Action 4.2.1 Form workgroup of stakeholders of DASA and MHD staff to analyze need to create common data reporting requirements.	Emilio Vela	MHD, DASA	Integrated data collection and reporting	Committee formed Report recommendations	July 2007
Progress to Date			**Barriers and/or Situational Changes**		**Immediate Next Steps (including potential technical assistance needs)**	

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

PRIORITY 5 Leadership						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 5.1 Foster political and public will to support improved affordable and cost effective services for persons with a variety of COD conditions	Action 5.1.1 Provide new state and local leadership with policy and program background and historical perspective on COD	David Weston Patty Noble Emilio Vela	DASA, MH, DDD, DOC, DOH and local government	New/existing DSHS, DOC, Legislative leadership briefed Ongoing briefing of new leadership Local leadership briefed	Briefing document to use in educating leadership	September 2005 December 2005
	Action 5.1.2 Explore and reevaluate CODIA group to restructure a more effective base of support for COD plan.	Emilio Vela David Weston Ruth Leonard	DASA, MH, DDD, DOC, DOH and local government	New oversight group to implement State Action Plan	New Oversight Group established and operational	July 2005
	Action 5.1.3 Coordinate and share common goals with other current initiatives such as taking health care home, homeless state plan and primary care state COD plan.	Tina Shamseldin, Emilio Vela Mary Looker	DASA, MH, DDD, DOC, DOH and local government	Coordinate initiatives	Summary report of shared activities	December 2005

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

Parking Lot Items/Next Steps (Priority One)	Action 1.1.2 1. Establish performance based contracts 2. Document effectiveness of the process			2. Implement performance based contracts	2. Evaluate the effectiveness		
Parking Lot Item/Next Steps (Priority Three)	Strategy 3.5 Assure inclusion of prevention and early intervention strategies within primary health care.	Action 3.5.1. Disseminate to COD field research based models of primary care work					
		Action 3.5.2 Link with PCA and FQHC to consider opportunities for COD		Notes from DC suggest ask (?) and Dr. Richardson (?) to participate. DMH needs to be involved.	DOC to include mental health screen as intake for DOCs Drug Reentry Court.		Within 6 months
		Action 3.5.3 Link with community mental health and drug courts for prevention information to reduce COD and or increase persons served.					

Action Plan for Co-Occurring Disorders for Washington State 2005-2007

		Action 3.5.4 Work with programs that serve pregnant /parenting women, and families to provide prevention and early, intervention services					